

	U.S. Department of Labor Employment and Training Administration	Form ETA 9035 OMB Approval: 1205-0310 Expiration Date: 09/30/2005
Labor Condition Application for H-1B & H-1B1 Nonimmigrants		
E. Subsection A Information for Additional or Subsequent Work Location <i>This Section should be completed only if filing for more than 1 work location.</i>		
1. City State <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
2. Prevailing Wage \$ <div style="border: 1px solid black; width: 100px; height: 1.2em; display: inline-block;"></div>	3. Wage is Per: <input type="radio"/> Year <input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Hour <input type="radio"/> 2 Weeks	4. Wage Source <input type="radio"/> SEGA <input type="radio"/> Collective Bargaining Agreement <input type="radio"/> Other <i>If OTHER is chosen as the Wage Source, Numbers 5 and 6 in this section MUST be filled out.</i>
5. Year Source Published <div style="border: 1px solid black; width: 100px; height: 1.2em; display: inline-block;"></div>		
6. Other Wage Source <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
F. Employer Labor Condition Statements Please Note: In order for your application to be processed, you MUST read section E of the Labor Condition Application cover pages under the heading "Employer Labor Condition Statements" and agree to all 4 labor condition statements summarized below:		
(1) Wages: Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as U.S. workers. (2) Working Conditions: Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. (3) Strike, Lockout, or Work Stoppage: No strike or lockout in the occupational classification at the place of employment. (4) Notice: Notice to union or to workers at the place of employment. A copy of this form to H-1B and H-1B1 workers.		
I have read and agree to Employer Labor Condition Statements 1, 2, 3, and 4 as set forth in Section E of the Labor Condition Application Cover Pages. <input checked="" type="radio"/> Yes <input type="radio"/> No		
F-1. Additional Employer Labor Condition Statements - H-1B Employers Only Please Note: In order for an application regarding H-1B nonimmigrants to be processed, you MUST read Section F-1 - Subsections 1 and 2 of the Labor Condition Application cover pages under the heading "Additional Employer Labor Condition Statements" and choose one of the 3 alternatives (A, B, or C) listed below in Subsection 1. If you mark Alternative B, you MUST read Section F-1 - Subsection 2 of the cover pages under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all 3 additional statements summarized below in Subsection 2.		
1. Subsection 1 Choose ONE of the following 3 alternatives:		2. Subsection 2 If Alternative B in Subsection 1 is marked, the following Additional Labor Condition Statements are applicable:
A. <input checked="" type="radio"/> Employer is not H-1B dependent and is not a willful violator. B. <input type="radio"/> Employer is H-1B dependent and/or a willful violator. C. <input type="radio"/> Employer is H-1B dependent and/or a willful violator BUT will use this application ONLY to support H-1B petitions for exempt nonimmigrants.	A. Displacement: Non-displacement of the U.S. workers in employer's work force; B. Secondary Displacement: Non-displacement of U.S. workers in another employer's work force; and C. Recruitment and Hiring: Recruitment of U.S. workers and hiring of U.S. worker applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).	
I have read and agree to Additional Labor Condition Statements 2 A, B, and C. <input type="radio"/> Yes <input type="radio"/> No		
Page Link <div style="border: 1px solid black; width: 100px; height: 1.2em; display: inline-block;"></div>		
If filing the form electronically, the Page Link field will be automatically created for you upon printing. If filing the form manually, please ensure that the Page Link field contains a 6 digit number that is repeated on all 3 pages.		
Form ETA 9035 - Page 2 of 3		

Form ETA 9035
OMB Approval: 1205-0310
Expiration Date: 09/30/2005

Public Disclosure Information
You must choose one of the two options listed in this Section.

1. Public disclosure information will be kept at: ☐ Employer's principal place of business

☐ Place of employment

By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read the sections E, F, and F-1 of the cover pages (Form ETA 9035SCP), and that I agree to comply with the Labor Condition Statements as set forth in the cover pages and with the Department of Labor regulations (20 CFR part 653, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act.

1. First Name of Hiring or Other Designated Official

MI

[illegible][illegible][illegible]

3. Hiring or Other Designated Official Title

H	U	M	A	N	R	E	S	O	U	R	C	E	S	D	I	R	E	C	T	O	R
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

5. Date Signed

0910612005

4. Signature - Do NOT let signature extend beyond the box

Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.

1. Contact First Name

MI

[illegible]

2. Contact Last Name

HARTNETT

3. Contact Phone Number

Extension

$$(703) 519 - 9000$$

By virtue of my signature below, I hereby acknowledge this application certified for

Date Starting 09/26/2005 and Date Ending 09/26/2007

C-05264-00022 9/21/2005

Signature and Title of Authorized DOL Official

ETA Case Number	Date
-----------------	------

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified labor condition application.

Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with the terms of the labor condition application may be filed with any office of the Wage and Hour Division, U.S. Department of Labor. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with: U.S. Department of Justice * Office of the Special Counsel for Immigration-Related Unfair Employment Practices* 950 Pennsylvania Ave. NW * Washington, DC * 20530.

Page Link

If filing the form electronically, the Page Link field will be automatically created for you upon printing. If filing the form manually, please ensure that the Page Link field contains a 6 digit number that is repeated on all 3 pages.

50346

Form ETA 9035 - Page 3 of 3